

Tennessee's Individual Education Program (IEP)From / to / /

Initial	Annual	Interim	Addendum	
Student:		Bi	irthdate:	Grade:
Last	First	Middle	Mo/Day/Yr	
Student Social Security/ID#:	Sex: M	F Ethnic Group	o: I B A H W	
Relationship to Student: (Circle One)	Parent Guardian	Surrogate		(Specify)
Name:			Home Phone:	
Last Address:	First	Middle	Work Phone: _	
Student's Residence (if different):				
Attending School:		Home/School (if differen	nt):	
Current Descriptive Information:				
Describe the child's strengths:				
Describe the concerns of the parents regarding				
Describe how the child's disability affects invo	olvement and progress in th	e general curriculum:		

Area Assessed	Present Levels of Performance Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas.	Sources of Information	Date	Exceptiona Yes/No
Prevocational /Vocational				
 Does the c Is the child Does the c Is the th o n Is assistive Does the c Funct: 	on of Special Factors for IEP Development: hild have limited English proficiency?Yes No. If yes, what is his/her primary red blind or visually impaired? Yes No. If yes, does the child need instruction in thild have communication needs? Yes No. If yes, what are they? child deaf or hard of hearing? Yes No. If yes, did the IEP Team consider: the child's language and communication needs; Yes No prortunities for direct communications with peers and professional personnel in the child eccessary opportunities for direct instruction in the child's language and communication red technology necessary in order to implement the child's IEP? Yes No. If yes, we hild's behavior impede his/her learning or that of others? Yes No. If yes, the IE onal Behavior Assessment, Behavior Intervention Plan, Accommodations, the IEP is this information located?	Braille?d's language and communication mode; mode? Yes No what is needed? EP Team has addressed the child's behav Goals and Objectives, Other.	Yes	No

Student's Name:

Student's Name:								
Has a comprehensive vocational evaluation	uation been	administered? Yes No						
Transition Services Planning (Beginning at age 14, or younger)								
		Desired Post School Outcomes						
Employment:		Post-Secondary Education/Training:						
Independent/Supported Living:		Community Involvement:						
		Transition Service Needs						
Grade: 9 Course of Study:								
Grade: 11 Course of Study:								
Grade: 12 Course of Study:								
	Need	Transition Services (Beginning at age 16, or younger) Activities/Strategies						
Service Area	Yes/No	(All activities/strategies that are the responsibility of special education and are to be implemented this year must be reflected in goal sheets.)	Agency/Responsibilities					
Instruction:								
Related Services:								
Community Experiences:								
Employment & Post-school Adult								
Living Objectives:								
Daily Living Objectives: (if appropriate)								
Functional Vocational Evaluation: (if appropriate)								
Documentation of other agency par	ticipation in	n planning <u>and</u> the person responsible for contacting agency(s) if a repre	sentative did not attend:					
		the student's preferences and interests considered? (Check all that apply						
Student interview Student's	urvey	Student portfolio Vocational Assessments Interest Inventory	_ Other:					

Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

Student's Name:							G	oal	of	
Area of Need:	Person	nnel/Posit	ion Respo	onsible:						
Annual Goal:										
Benchmarks/Short-Term Instructional Objectives	Anticipated Beginning Date	Criteria for Mastery	Methods Of Evalu- ation	Actual Date(s) & Results of Evaluation		Re	port of	`Progr	ess	
1.		Refer to "	'Codes" Section		1st	2nd	3rd	, 4th	5th	6th
2.										
3.										
4.										
Supplementary Aids/Services and Support	1. 2	made towards goal* (d) excessive absences/ tard (e) other:					ent, tardies,	or 		
Criteria for Mastery 1. 100% 1. Standard Tests 2. 90% 3. Teacher-Made Tests 4. 70% 4. Other: Criteria for Mastery Describe Results of Evaluation M - Objective Met - Proceed to Next Objective C - Continue with same objective - S progress made, more time needed D - Discontinue objective - Less than expected or no progress made	Some 6.	Anticipate IEP end, of Do not an IEP end. /A Not appli	And e meeting go or nticipate mee	eting goal		1st Grad 2nd Gra 3rd Gra 4th Gra 5th Gra	ding Peri ading Per ding Per ding Per ding Per	Parents: iod riod iod iod iod	ort Sent	

							Special Education and Related Services:							
beside all modifications that are to be used by the student in the regular program.														
a. All Subjects	b. Reading	c. English i. Health	d. Spelling	e. Math	f. Science 1. Music/Art	Service Code and Type of Service	Sessions Per Wk/Mo/Yr	Time Per Session	Hours Per Week	Beginning/Ending Dates	Location of Services			
g. Social Studies m. Vocational	h. History n. Lunch	o. Library	j. Economics p. Title I	k. Physical Education q. Other:	1. WIUSIC/AIT	- Type of Service	101 ((11/10)11	56551011	Ter vvecn	Dutes	Services			
Classroom Instru			Assignment	q. omer.		†								
Accommodations			Accommodation	s/Modifications:										
Preferential		•	Assignmen			01 Consultation	<u> </u>							
	ies of material to b	e copied	Abbreviat	ed assignments		or consumation								
from book or boardAdditional time					/		/							
Provide cop	ies of notes (from a	another student)	Study gui	ae e opportunities (Re-do items misse	ed extra credit)									
	rformance contrac	ting	Compacting		cu, extra credity		/		_/	_///				
	textbook (student)		Other:											
Taped mater Other:	rials						/		_/	_//				
	ting Accomm	- odations/Mor	difications: (In a	order to justify appropria	tanace of									
				lations listed below shou										
			over the previous		ra oc usea	02 Direct Special I	Education (For In	clusion, refer to	State Instructi	on Booklet under "Type of	Service" section.)			
	ial Accommodatio		TCAP Allowable Acc			•	`	•		71	,			
Extended Ti			Large Print or				/		/					
	ud internal test ins pon request	tructions/items	Sign/Re-read Flexible Setti	l Oral Instructions Verbatim	l									
	signs/Cues test	-		e Aids:			/		/	_//				
Reads into a	uditory recorder as		Auditory Aid				,		,	, , ,				
	Mathematics Tables		Multiple Test						-/	_/_/				
Calculator/N	Mathematics Tables es	S (all math)	Flexible Scho Marking in Te				/		/	1 1 1 1				
Assistive Te		_		s Aloud to Self			/			_/_//				
Scribe (Accommodations listed below not available for TCAP)							/		/	/ / / /				
Unique Adap	otive Accommodat	ions (Approved)		est format (word bank, multiple che d concepts tested	oice, short answer)									
		_		ling scale (Pass/Fail or poin	ts)									
State/District Mandated Assessments: (Check either Number 1 or Number 2. When utilizing			03 Supervision (C	Option 8 only)										
accommodations t					8									
Student will	I participate in th	ne following Sta	ate or district asses	sment(s):			/		/	_/_/_				
☐ Achievem		etency Tests	☐ EOC Tests		☐ Writing	Related Service(s),	including Instruc	ction from Spe	cialized Pers	onnel				
- 7 temeven	ient = comp	etency rests	L oc rests	- Gateway Tests	• Wilding									
Gateway Test	s Score / Da	te Passed	Com	petency Tests Score /	Date Passed		/		_/	/				
■ Mathematics	/		□ M	athematics/_			/		,	/ / /				
☐ Language Ar	ts/		□ La	nguage Arts/_			/							
☐ Science	/_						/		/	/ / /				
End of Course														
<u> </u>		_ 🛮		_ 🗅		Related Service Co	des:							
<u> </u>		_ 🛭												
□ Dietrict As	sessment:					04 Psychological So			tion & Mobilit	y Services 20 Wor	k-Based Learning			
						05 Social Work Ser		13 Audiolo						
		ssessments (Cr	neck boxes that apply	– Box A <u>or</u> Box B and/or B	sox C)	06 Occupational Th 07 Speech/Languag	ierapy ge Pathology Servic	14 Other Se	ervices ry - Attendant					
A. No Accor	nmodations					08 Recreation Servi			ry - Attendant ry - Interpreter					
B. ☐ Allowable State Accommodations					09 Physical Therap		17 Ancillar							
C. ☐ Special Accommodations				10 School Health S	•	18 Residen	•							
D. □ ELL Accommodations				11 Counseling Serv	rices	19 Homeb	ound/Hospital							
	No – Addendu	m(s) Attached												
		, ,		CAR ALO										
2Student will			•	*		Total Decules Ed-	action house	m rwoolee	Total S	pecial Education hours	non wool			
⊔ Yes □	No – TCAP-Al	t Participation	Addendum Atta	ched		Total Regular Edu	icanon nours pe	1 WCCK;	_ Total S	peciai Education nours	per week:			

LRE and General Education: Explain ◆ the regular class:	the extent, if any, in which the student wil	ll not participate with non-disabled peers in:	
his/her LEA Home School:			
Special Transportation: Does student rec	quire special transportation? Yes]	No. If yes, please explain:	
Extended School Year: Date ESY progr IEP Participants: (The following individuals a		is is not to be the development of this Individualized Education Processing Control of the Individualized Education Processing Control of Contr	
Position	Signature	In Agreement	Date
Student (if appropriate) Interpreter of Evaluation Results Informed Parental Consent: Yes No I certify that I am the legal paren informed of and under yes No I have been informed of and under yes No I have been involved in the IEP To I have been involved in	ned of his/her right to represent himself/herself u		
Parent/Guardian/Surrogate	e Signature Date	Student Signature	Date
Date IEP was given to parent(s) along with their rights is Documentation of IEP Review by Other			nts of the IEP to the parents
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date